



Consumer Health / OK State Dept. of Health  
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 Email: ConsumerHealth@health.ok.gov  
 Website: http://chs.health.ok.gov

## CONSUMER HEALTH SERVICE COMPLAINT FORM

Please check the Consumer Health Program that you wish to file a report on:

<input type="checkbox"/> FOOD/RESTAURANT	<input type="checkbox"/> RABIES/ANIMAL BITE	<input type="checkbox"/> SMOKING	<input type="checkbox"/> XRAY UNIT
<input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> BEDDING	<input type="checkbox"/> POOL	<input type="checkbox"/> MIDWIFE
<input type="checkbox"/> SANITARIAN	<input type="checkbox"/> HEARING AID	<input type="checkbox"/> GENETIC COUNSELOR	
<input type="checkbox"/> BODY PIERCING	<input type="checkbox"/> MEDICAL MICROPIGMENTATION	<input type="checkbox"/> DRUG MANUFACTURING	
<input type="checkbox"/> TATTOO	<input type="checkbox"/> OTHER	State Mental Health Facility	

**\*\*Name and contact information are kept as CONFIDENTIAL. To allow investigators an opportunity to follow-up or request additional information please include your name and contact information.**

Name of Person Filing Complaint: Dr. Tinsley Ariana Taylor Makayla Saramosing

Mailing Address: 21985 Homesteaders Road

<u>Deer Creek</u>	Address	
	<u>OK</u>	<u>73012</u>
City	State	Zip

Email Address: makaylasaramosing@gmail.com

Primary Phone: 405-593-3515

Complaint Against (Name): Erica and Kelda Lic# (if applicable): Tech and director

Address/Location: Southwest Behavioral Health Center, 1602 SW 82nd Street

<u>Lawton</u>	Address	<u>73505</u>
City	State	Zip

Nature of Complaint (Description):

Transphobic hate crimes occurred, including assault and battery by staff members upon the parent of a child undergoing intake. I have videos and bruises and would like to discuss this further in person.

(Please add additional pages as necessary to complete this information.)

### OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Form:  Telephone  Letter  Email  Visit Source:  Individual  Other Gov't Agency  Other: \_\_\_\_\_

Referred to:  State/Central Office  Local/County  DEQ  Municipality: \_\_\_\_\_

Other: \_\_\_\_\_

Referred To \_\_\_\_\_ Mailing Address or Email \_\_\_\_\_ Phone \_\_\_\_\_

Investigation Date: \_\_\_\_\_ Follow-up Date(s): \_\_\_\_\_ Complaint #: \_\_\_\_\_

By (Name/RS#): \_\_\_\_\_ / \_\_\_\_\_ County: \_\_\_\_\_

Investigation Data: \_\_\_\_\_

Evaluation & Final Outcome: \_\_\_\_\_

